

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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| DE | ET | OE | ES |
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Inspection Date:

07/16/2012

Document Number:

665400310

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|--------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>217053</u> | <u>307173</u> | | <u>PRECUP, JIM</u> |

Operator Information:OGCC Operator Number: 29625 Name of Operator: TOM FENNO PRODUCTION LLCAddress: 1707 AVIAN DRCity: FORT COLLINS State: CO Zip: 80525**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|-------|----------------------------|------------------------------------|
| Brumley, Jamie | | jbrumley@bdminerals.com | company manages Prospect Energy |
| Gracey, Cam | | graceyservices@msn.com | production mgr for prospect energy |
| ONYSKIW, DENISE | | denise.onyskiw@state.co.us | |

Compliance Summary:QtrQtr: SESE Sec: 15 Twp: 9N Range: 68W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 06/28/2011 | 200314137 | RT | AC | S | | | N |
| 05/05/2010 | 200251477 | RT | AC | U | | | N |
| 08/10/2009 | 200216258 | MI | SI | S | | | N |
| 08/07/2009 | 200216346 | RT | SI | U | | | N |
| 09/14/2004 | 200059790 | PR | PR | S | | P | N |
| 08/07/2002 | 200029979 | PR | PR | S | | P | N |
| 07/17/2001 | 200017997 | PR | PR | S | | P | N |
| 07/19/2000 | 200007961 | PR | PR | S | | P | N |
| 07/15/1999 | 500151311 | PR | PR | | | P | N |
| 07/21/1998 | 500151310 | PR | PR | | | P | N |
| 07/08/1997 | 500151309 | PR | PR | | | P | N |
| 09/13/1994 | 500151308 | | PR | | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-----------------------------|-------------------------------------|
| 217053 | WELL | IJ | 09/03/2009 | ERIW | 069-06240 | CLARKS LAKE MUDDY UNIT 15-1 | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: PRECUP, JIM

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|----------------|----------|-----------|---|------------|
| Produced Water | WELLHEAD | <= 5 bbls | some oil mixed in with produced water spilled at wellhead when pulling tbg and pkr. Remove or remediate oil/produced water stained soil | 08/10/2012 |

☐ Multiple Spills and Releases?

Venting:

| Yes/No | Comment |
|--------|---------|
| | |

Flaring:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 307173

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____**Date:** _____**Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

Comment: _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:Summary of Operator Response to Landowner Issues:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 217053 Type: WELL API Number: 069-06240 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DK-LY

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/10/2009

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 90 Csg psi: 1440 BH psi: 0

Insp. Status: Pass

Comment: well was mit'd for tubing/packer repair--well will start five year mit cycle. T-C was tested to 1440 psi and final T-C pressure was 1420psi after fifteen minutes losing 20 psi. Hole was rolled with packer fluid.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____
 CA _____ CA Date _____
 Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? Pass CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? In

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Inspector Name: PRECUP, JIM

Comment:

Corrective Action:

Date

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs

BMP
Maintenance

Lease Road Erosion
BMPs

Lease BMP
Maintenance

Chemical BMPs

Chemical BMP
Maintenance

Comment

S/U/V:

Corrective Date:

Comment:

CA: